



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1874

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Program is designed to provide direct services to persons age 55 and older in the form of nutritious breakfast meals and snacks and nutritional education and counseling. The service enables elders to maintain a higher quality of life in their own homes and delay or avoid nursing home placement. The program also provides additional services such as home care and chore assistance, socialization, therapeutics, recreation, health care, arts and crafts and transportation. The program targets but is not limited to elders that live alone, have a high risk of nutritional deficiencies, or have low income levels.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	23%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	860,000	77%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	1,110,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

\$1,419,320,111.50 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contracted services for preparation and delivery of meals.	250,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Provision of meals to one hundred (100) elderly persons to enhance the quality of their lives and delay or avoid nursing home placement.

b. What activities and services will be provided to meet the intended purpose of these funds?

Provision of meals and nutrition education to program participants.

c. What direct services will be provided to citizens by the appropriation project?

Provision of meals to one hundred (100) elderly persons.

d. Who is the target population served by this project? How many individuals are expected to be served?

One hundred (100) Elders age 55 and over.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Reduction or elimination of malnutrition among elder program participants.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

The agency will develop, submit and implement a Corrective Action Plan to address non performance findings.



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13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)

Local Entity

University or College

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number